

APPLICATION COVER PAGE

Date: _____ **Date Received by ZBA:** _____

Name of Applicant and Mailing Address: _____

Email Address: _____

Telephone Number(s): _____

Name of Owner and Mailing Address (If not Applicant): _____

Map and Lot # and Street Address of Subject Property: _____

Applicant is: _____ (Owner, Tenant, Purchaser, Other)

Nature of Application (Special Permit, Appeal, Variance): _____

Applicable Section of Zoning Bylaw: _____

**Date of Denial by Building Inspector, Zoning Inspector, or Planning Board
(If Applicable):** _____

Date(s) and Title(s) of Plans Submitted: _____

Description of Proposal:

**I hereby request a hearing before the West Tisbury Zoning Board of Appeals with reference to the
above noted application.**

Signed: _____

Title(s): _____

Application fee of \$200.00 is required. Date Paid: _____

FOR ZONING BOARD USE

Size of Subject Lot: _____ **Zoning District:** _____

Registry Book and Page #'s and Date _____

Other Boards Involved with the Permitting:

Within an Overlay District?

Martha's Vineyard Commission Referral Required? _____ **If So, MV Checklist Items:**
